

Cross-Roads Between Clinical and Community Prevention Efforts



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Objectives

- Recognize the components for linkages within your community populations
- Understand the importance of knowing the community landscape and potential resources.
- Identify the important factors of effective community engagement and partnerships (next session)
- Describe unique ways stakeholders can be involved in the process
- Share lessons learned

Community-Clinical Linkages

Primary Outcomes



- ❖ Improved access to clinical services and community-based resources
- ❖ Increased number of people supported by community-based resources and services
- ❖ Improved referral systems between clinical settings and community-based resources
- ❖ Improved information sharing to coordinate care
- ❖ Improved awareness and access to early detection and screening, and self-management programs



Community-Clinical Strategies

- Conduct resource mapping of clinical services and community-based resources, address any gaps
- Establish a centralized resource network of clinical services and community-based resources for referral purposes
- Promote information sharing between patients, clinical settings and community-based resources to coordinated care
- Strengthen and build relationships between community-based health initiatives and clinical settings
- Expand the use of evidence-based and practice based chronic disease self-management programs

Example of Interventions

- I. Community Health Worker Program
- II. Community Pharmacist Interventions
- III. Smoking Cessation Quit-lines
- IV. Chronic Disease Self - Management



YMCA Diabetes Prevention Program







Program Specifics:

- Cost: \$429 (financial assistance available)
- Class Frequency: 16 weekly one-hour sessions, followed by 8 monthly sessions
- Free YMCA membership for 4 months
- Average Class Size: 7
- Program Goals:
 - Reduce body weight by 7%
 - Increase physical activity to 150 min. per week

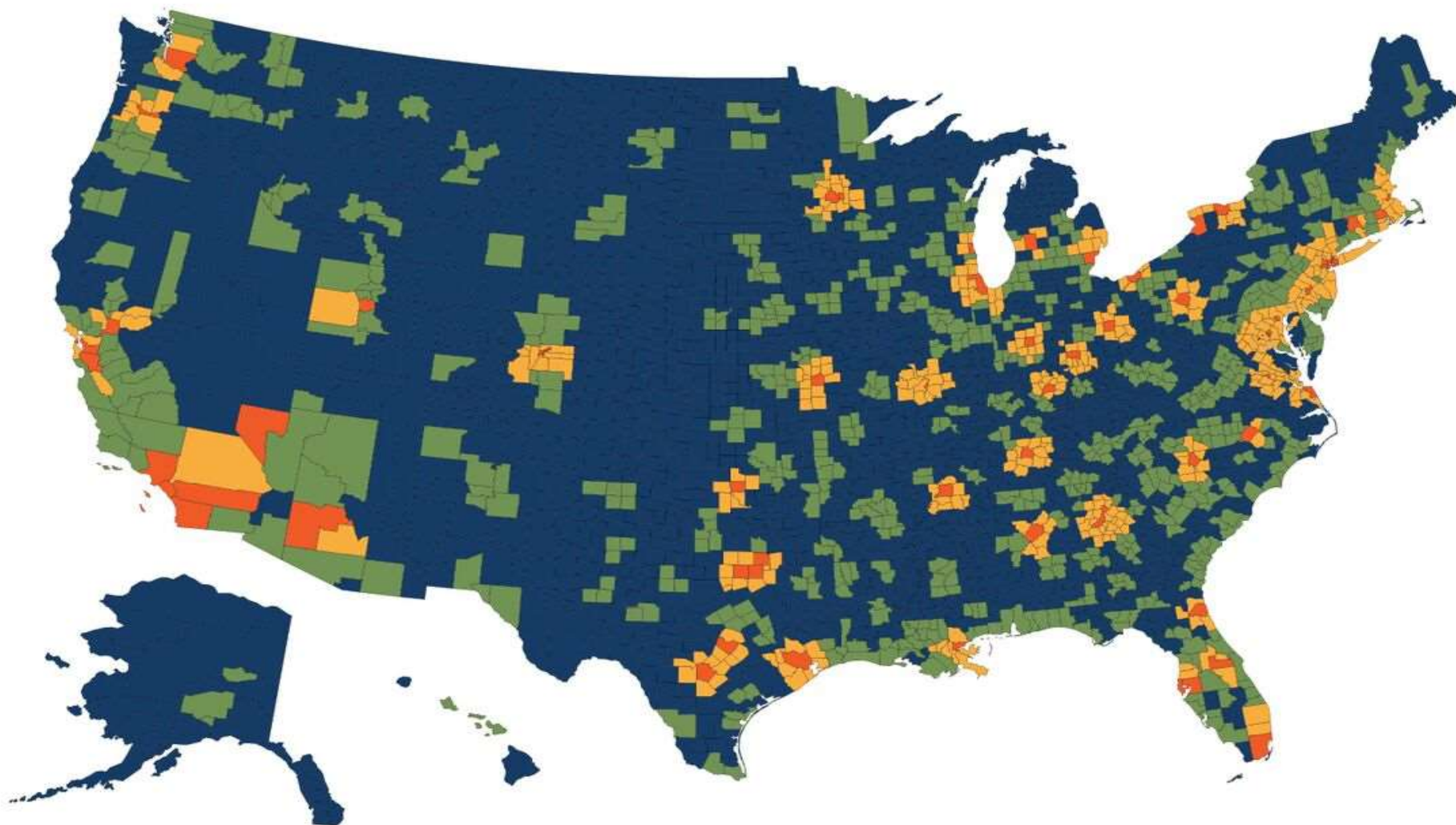
Community Health Defined

- If you stand naked on the front porch and the neighbors can't see you, it's _____.
- If you stand naked on the front porch and the neighbors call the cops, it's _____.
- If you stand naked on the front porch and the neighbors ignore you, it's _____.

<i>Category</i>	<i>Definition</i>	<i>Total Population</i>	<i>Number of Counties</i>
Large Urban Metro 	Central urban core counties within an MSA with more than 1 million people	96 m	68
Large Suburban Metro 	Non-central fringe counties within an MSA with more than 1 million people	77 m	368
Smaller Metro 	Counties within an MSA with between 50,000 and 1 million people	94 m	731
Rural 	Non-metropolitan rural counties with less than 50,000 people	46 m	1,974

Adapted from the National Center for Health Statistics' urban-rural classification based on Metropolitan Statistical Area (MSA) designations.

Counties Categorized By Level of Urbanization



Large Urban Large Suburban Smaller Metro Rural

What's Different about Rural Health Care?

Rural Americans face a unique, confluence of factors that create disparities in health:

1. Economic Factors
2. Cultural Differences
3. Social Factors
4. Education
5. Lack of recognition by legislators
6. Isolated Living
7. Chronic Disease
 - a. Mental Health
 - b. Diabetes
 - c. Obesity

Partnerships to Increase Access to Preventive Services



- Health Providers
- Health Insurers, including public
- Business/employers
- Community, non-profit and faith-based organizations
- Other sectors

Provider Strategies: Beyond the Hospital and Clinic



Patient-Centered Medical Homes (PCMHs)

- Primary care offices designed to address complex needs and offer preventive and wellness services
- Support team-based care and care coordination
- Support clinical-community linkages

Accountable Care Organization (ACOs)

- ACOs are networks of providers that coordinate care
- Since they are accountable for the health of the population and may share in the savings they have incentive to invest in prevention

Accountable Health Communities (AHCs)

- Engage multi-sector coalitions to address a socially complexing health problems with a population health strategy that invests in prevention/systems change

Strategies for Partnering with Providers



- Help develop systems to inform patients about the benefits of preventive services and remind them
- Provide professional education about standards so providers offer recommended preventive services as a routine part of care and help providers with reminder systems
- Encourage adoption of medical home or team-based care models; provide training if possible
- Provide and maintain an inventory of community resources (e.g., tobacco quit-lines), family support and education programs
- Help create linkages between providers and community resources, such as community health workers
- Work to increase the provider workforce where needed

Strategies for Partnering with Insurers



- Help them inform patients about the coverage and benefits of preventive services
- Work with them to reduce or eliminate cost-sharing for preventive services
- Conduct campaigns and use navigators to encourage use of preventive services
- Help identify convenient locations for insurers to provider preventive services (i.e., corner stores)
- Work with health plans on specifics of coverage and with Medicaid to ensure appropriate codes are in place

Strategies for Partnering with Businesses/Employers

- Educate and encourage them to offer coverage of services with no cost-sharing and potentially with incentives
- Help increase employee awareness of the coverage
- Work with them to provide clinical preventive services and comprehensive wellness programs on site



Strategies for Partnering with Community, Non-Profit, and Faith-Based Organizations

- Work with them to inform their constituencies about the range of preventive services they should receive and the benefits
- Ask them to serve as a site for provision of preventive services (e.g., oral health services in a school, Diabetes Prevention Program at the YMCA or onsite)
- Develop a workforce (including volunteers) of community health workers, patient navigators, patient support groups and health coaches that can help educate and connect patients to services
- Work with them to decrease barriers based on social determinants



Rural Purge

- Despite the respectable ratings of Green Acres and winning its timeslot, the series was cancelled in the spring of 1971 after six seasons and 170 episodes. At the time CBS was under pressure from sponsors to have more urban-themed shows on its schedule. To make room for the newer shows, nearly all of the rural-themed shows were cancelled. This part of television history has become known as the "rural purge".

Rural Surge

